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Certificate of Mailing or Transmission 22918 7590 12/16/2004 PERKINS COIE LLP I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. P.O. BOX 2168 MENLO PARK, CA 94026 03/01/2005 BABRAHA2 00000131 09780230 (Signature) 1400.00 OP 01 FC:1501 300.00 OP 02 FC:1504 (Date) 39.00 OP EC:8001 FIRST NAMED INVENTOR ATTORNEY DÓCKET NO. CONFIRMATION NO. APPLICATION NO FILING DATE 0225-0066.22 09/780,230 02/09/2001 Andreas Manz TITLE OF INVENTION: METHOD FOR CONTROLLING SAMPLE INTRODUCTION IN MICROCOLUMN SEPARATION TECHNIQUES AND SAMPLING DEVICE ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE APPLN. TYPE SMALL ENTITY nonprovisional YES \$300 \$1000 03/16/2005 CLASS-SUBCLASS **EXAMINER** ART UNIT 1753 204-453000 BARTON, JEFFREY THOMAS Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Perkins Coie L 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence or agents OR, alternatively, Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Individual Corporation or other private group entity Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Issue Fee Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. required fee(s), or credit any overpayment, to (enclose an extra copy of this form). Method Director is hereby authorized by charge the required fee(s).

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